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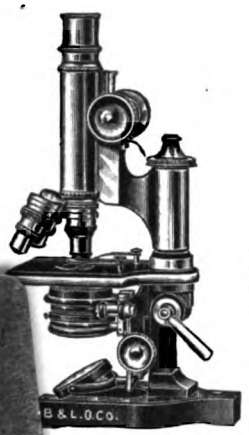

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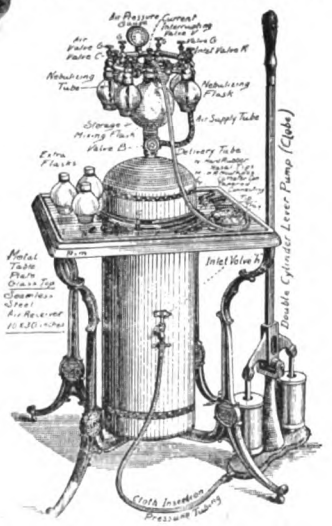

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Vol. X OCTOBER, 1907 No. 2

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FOOD AND DIET.

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OPERATING ROOMS.

These rooms are four in number, and used for different purposes. The main operating pavilion, of six rooms, is considered most modern and complete.

OBSTETRICAL DEPARTMENT.

This department consists of a confinement, an operating, and a sterilizing room and a nursery with incubator.

CHILDREN'S DEPARTMENT.

This is especially equipped for Orthopedic Surgery, having an X-Ray room, plaster room, electricity and massage rooms and gymnasium; also a sun room for the administration of Violet rays in tubercular joint disease.

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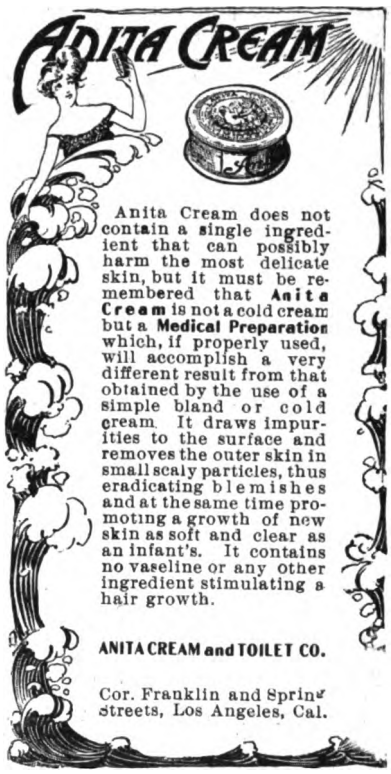
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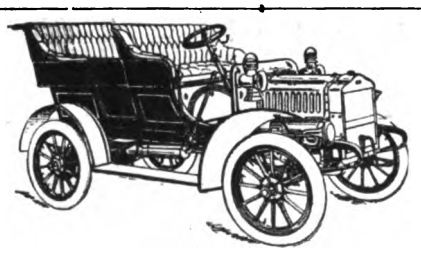

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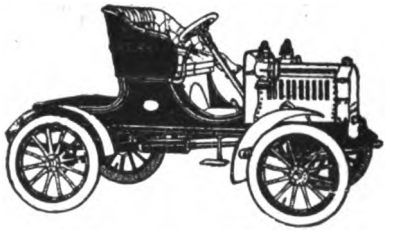

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ORIGINAL ARTICLES.

HEALTH FAKIRS

By J. LEE HAGADORN, M.D., Los Angeles, Cal.

The articles appearing of late in the daily press on "health" subjects have excited a great deal of interest in the minds of the curious, and a great deal of mirth for the educated medical men having a sense of the humorous.

At times the boldness with which nauseating details are set forth in these "space" articles, placed as they are before the eyes of the general public and perused by all ages of either sex, is positively disgusting.

The correspondents who write their troubles to these sages of the press (who, only in rare instances have had a medical training) pour out the details of their affections and get a morbid satisfaction in seeing them appear in print, for the delectation of the reading public.

It is usually insisted by the editor that the correspondent shall send in his or her communication with the full name and address signed thereto as a necessary condition to their receiving any notice whatsoever.

Female troubles and sexual matters are discussed minutely and with great gusto, and remedies and procedures recommended in great detail. Often, after printing in full a communication from some seeker after knowledge or relief, these wiseacres of the newspapers reply with sarcastic addenda of their own, or a ridiculous suggestion which summarily disposes of a question given for their solution which has them "up a stump."

How these "Great Religious Dailies" can devote space to such utter rot is a wonder to many, but the polyglot department store array of "stuff," which goes to fill the magazine section of Sunday newspapers must be gotten together, and so it all goes in for what it is worth.

To read the ridiculous queries and fully as ridiculous advice which is usually peddled out, gives the average reader furnishes a good laugh if it does not create disgust.

As an illustration of the sort of stuff to be read in answers to correspondents in these "health" columns, we will parody a few. Read this: Anxious Reader. Smiths Corners: "No, brick-dust in the urine does not come from eating bricks. This condition is the result of eating filthy flesh food. Do not take nauseous drugs or consult an ignorant doctor—fill up on prunes."

N. N. M. Anaheim. Your inquiry about the piles is well timed and especially interesting to the editor of this department, who has been a great sufferer with this annoying complaint. He has obtained great relief from the following: Apply thoroughly at night to the afflicted parts a ripe tomato and insert a carrot at bed-time."

"F. P. Oklahoma: Your backache is due to errors in diet. You must eat a quart of ground barley and a pound of shorts each morning. By way of variety you might take instead, at intervals, either chopped alfalfa or peanut shells. If this does no good take a bath."

And so on ad nauseaum.

It is a significant fact that the advertisements of osteopaths, naturopaths and various drugless "Heelers" are placed suggestively near the health columns,

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and it would be well (if necessary) for the editor to wind up his articles by calling the attention of correspondents thereto.

It would be enlightening for the Vegetarians, Fruitatarians and other herbivora of this ilk, if they could see the authors of these articles on diet, as they brace up to the free lunch counter in some saloon in the late afternoon and greedily devour headcheese, bologna sausage, and such other varieties of "filthy flesh foods." It is evident that these writers reserve the filling up on prunes to the hours immediately preceeding their editorial efforts.

ANAESTHETICS AND ANAESTHESIA

By JAMES P. BOOTH, M. D., Los Angeles, Cal.

Since the creation of man, with the curse of pain upon him as a mighty incubus to weigh down his mind awake, and terrify his sleeping soul in troubled dreams at night, it has been the desire and the aim of the medical profession to discover some means whereby the senses may be dulled, and pain abolished in a slumber of total insensibility. In days gone by, when medicine was wrapped in mystery, the sleeping potion was much in vogue, and while no doubt it dulled sensibility to an extent, its power was greatly exaggerated.

We read in Shakespeare of the potent Mandragora so frequently referred to, and so often used to quiet pain, to produce sleep, and even to bring welcomed death to suffering tortured bodies. The draught which Cleopatra took to nerve her for the bite of the deadly asp, and soothe its venomous sting, was no doubt an infusion of this same Mandragora.

And too, when pining for her warrior lover she cries out,

> Give me to drink mandragora
> that I may sleep out this great gap of time,
> My Anthony is away.

The jealous Moor threatens.

> Not poppy nor mandragora
> Nor all the drowsy syrups of the world
> Shall ever medicine thee to that sweet sleep
> Which thou ow'dst yesterday.

But the greatest blessings to humanity in the way of anæsthetics, are chloroform and ether, and while both are dangerous, both are constantly used in surgery, and each has its advocates.

As to the relative safety of the two, statistics favor ether as the safer for inhalation.

So strong has this opinion become, that if an anæsthetist has a death from the administration of chloroform alone, the result is regarded as criminal and the question is naturally asked, "Why did you not use ether?" Paradoxcial as it may seem, however, the average anaesthetist has his bottle of chloroform within easy reach, and uses it far more frequently than is suspected. Ether is at times provokingly slow in its action by inhalation, especially since the adoption o fthe open drop method, and the temptation is often *so* great to hurry its action by the use of a few drops of the more rapidly acting chloroform. So instead of always waiting for the slower and surer effect we figet while the impatient operator and his assistants yawn and stretch and finally we yield to the temptation.

Formerly we had all kinds of inhalers, some of them so complicated, that it took an expert mechanic to adjust them for use, and a teacher with more than ordinary oratorical ability to explain them. These have nearly all been discarded for the Esmarch inhaler by the drop method. Every anaesthetist has his own peculiar ideas of administering an anaesthetic, just as the medical man has his own peculiar methods of treating typhoid fever, pneumonia, rheumatism, etc., and consequently we see a variety of detail, but not really much material difference in the every-day administration of ether and chloroform. In spite of the many mixtures, as the A. C. E.—ether and chloroform, alcohol and ether, etc., etc., and the occasional substitution of ethyl chloride and ethyle bromide, etc., the two old reliable agents remain at the head of the list, and from all appear-

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ances, are likely to remain there for some time to come.

Recently many experiments have been tried with hyoscine, morphin, and cactin used hypodermatically, and while many reports in the main are favorable. its usefulness and reliability have not been established.

The responsibility of the anaesthetist cannot be over estimated, for in seven operations out of ten it lies with him. To carry the patient to the very borderland and then hold him hovering between life and death for hours is a matter deserving the closest study and observation. The man or woman who is afraid to administer an anaesthetic should never be permitted to do it; and equally if not more strictly to be proscribed is the reckless anaesthetist who saturates his patient with ether or chloroform regardless of its effects, and oblivious to its dangers. Reprehensible is the oscillating anaesthetist, who with inhaler and bottle in hand vacillates from head to heels to see how the operation is progressing. The college professor or hospital superintendent who turns over the anaesthetic to a student, except that student be under the constantly watchful eye of an experienced tutor, should be regarded as criminally negligent of his duty.

Remembering that with the greatest care and with every precaution, chloroform and ether sometimes kill, watch the patient before, during and after the operation.

Give every moment of your attention to the patient, watch the respiration, watch the circulation, cutaneous as well as arterial, watch the pupils, watch the muscles, watch the tongue that it does not fall back, the glottis that it does not close, the heart's action that it does not cease, and still watch, watch, watch.

Be on the alert that at a moment's warning you may pull the tongue forward, that you may lower the head, that you may institute artificial respiration, that you may give hypodermatic medication.

During all your work while fully appreciating the grave responsibility of it do not evince the slighest feeling of nervousness or dread, but be firm, cheerful and assuring.

After the operation remain with your patient long enough to be certain that no immediate after-effects are inmminent.

Finally, remember and teach your patients and friends to remember, that with every precaution and with every care, death sometimes occurs from ether and chloroform, and we know not how, nor whence, nor when it comes.

CANCER AND SARCOMA AS AFFECTED BY LOCALITY

By THEODORE A. McGRAW, M.D., Detroit, Mich.

As a thistle inflects a field by pushing its roots and scattering its seed in every direction so a maligant tumor, beginning at a small abnormal cellular growth, will infect all of the surrounding tissues by growing into the lymphatic spaces and blood vessels and finally by sending detached cells or nuclei into the lymph or blood currents. What causes the primary tumor is one of the most profound mysteries of pathology. It makes its appearance sometimes at the seat of some injury or inflammation, but often without warning in apparently healthy tissue.

From this primary nodule spring a multitude of secondary growths which finally destroy the patient. If, however, the primary nodule is removed early, together with all surrounding tissues in with secondary foci of disease have been developed, a cure will take place and the patient may live many years without a recurrence and without the development of any new growths. If we could trace the seeds of disease in all their wanderings and remove them all, we should be able to cure cancer. They are ofter, however, widely distributed when the primary tumor is first discovered, or at least when it first comes to the surgeon for examination. For

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this reason we attain success with our most radical operations in only a minority of our cases. It is, however, a gratifying fact that this minority is growing larger every year, as diagnosis becomes more certain and treatment more thorough. It is the exceeding rapidity with which the more malignant varieties of cancer and sarcoma mature and scatter seed that makes their early diagnosis and removal so important.

The difficulties of diagnosis are, in part, inherent, so much so that the most experienced surgeon may find him in great doubt as to the nature of a small lump deep in the flesh, but they arise also in part from a lack of careful discrimination and study of symptoms. I can not hope, in a paper like this, to give an exhaustive report of the numerous forms assumed by malignant disease in various parts of the body, but it seemed to me when accepting your kind invitation to read a paper before you this evening, that I could not choose a more interesting theme than the diagnosis of cancer and sarcoma as modified by their place of location for the reason that the symptoms manifested by these growths vary much as they are acted by their environment. The phenomena presented by an epithelial cancer of the tongue differ from those of an epithelioma of the lip; those of a sarcoma of the cranium and those of scirrhus of the breast from those of scirrhus of the uterus. It is only by careful study of the tumefactions and ulcerations which occur in any given organ that we can become expert in discriminating the benign from the malignant forms.

Cancerous growths are not common on the hairy scalp; when they occur it is usually in the form of an epithelioma secondary to some more benign form of ulceration. They might possible be confounded with gummata, but are more superficial. They form irregular ulcers with hard edges and tend slowly to enlarge, whereas the gumma begins as a doughy swelling which in time breaks down and forms a sore with undermined edges. There is a form of sarcoma which springs from the cranial bones, which is not altogether uncommon. In their early stages they may cause intense headaches by pressure on the brain. Later on they destroy the bone and grow into the dura mater below and into the scalp above. They are then soft, diffused tumors which sometimes cover a large portion of the head and give a deceptive sense of fluctive sense of fluctuation. The exploring needle, if inserted, lets out much blood but no pus. If the surgeon should be so incautious as to cut into the tumor he would find only a mass of soft, vascular tissue between him and the brain.

If detached and diagnosticated when small, they may be removed with the adjacent rim of sound bone; some of these sarcomas are of very slow growth. I have a patient with whom such a tumor occurred first in the ethmoid. It was removed by another surgeon. It recurred in a year and I removed the new growth which then occupied the lower central portion of the frontal bone. On its second recurrence I removed the left eye and the upper wall of the orbit, and subsequently some more of the frontal bone. The forehead is now occupied by a large bulging tumor, which afflicts but does not yet destroy the patient, a girl of twenty-two, although it is now five years since its first appearance.

Those sarcomas of the eye which result from injuries are apt to progress far before their true nature is detected.

The reason of this is that the symptoms of tumor are at first concealed by those of inflammation. The eye becomes closed and is examined with difficulty, and when finally the practitioner becomes alive to the gravity of the case, the disease has invaded the orbit. On the other hand, those tumors which develop from internal causes are detected earlier, because the patient becomes alarmed at the growing failure of vision and soon consults an oculist, who determines the diagnosis by an opthalmoscopic examination.

The epitheliomas of the eyelid begin either as a papule which is soon followed

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by an ulceration, or by an ulceration with hard edges. They are exceedingly malignant and recur after extensive operations. These troubles are intensified often, by the practice of some physicians of touching such places with mild caustics. I wish here to express my conviction that the malignancy of epithelial growths on mucous membranes is greatly intensified by any application which does not destroy them root and branch. A caustic which does not destroy the disease weakens the power of resistance. I have seen cancers of the lip begin to grow and spread furiously after such treatment. A swelling on the eyelid is either an accumulation of secretion in one of the glands, or an inflammation, or a cancer. The cancer differs from the others in its slow development, in its lack of inflammatory symptoms and in the warty character of its growth. An ulcer on the lid is almost always a cancer or rodent ulcer, but may in rare cases be tuberculous or syphilitic.

There are scabby spots, usually multiple on the faces of old people, which develop frequently into epithelial cancers. They are, in fact, mild aggressive growths of epidermis which become cancer when the corium loses its power of resistance and permits the growth of the epidermal cells through its structures. Malignancy in these cases develops slowly and the disease may last twenty years before the patient dies from its effects. Before ulceration takes place, the affected area may be safely treated by the application of pure chromic acid. After the ulceration has occurred, they should be removed by wide and deep excision.

On the lip, as on the eyelid, cancer may begin as a papule or an ulcer. A warty growth on the lip is rarely anything else than an epithelioma, but the cancerous ulcer is sometimes more difficult to diagnosticate. I have seen hard chancres mistaken for cancers. These affections, however, are round, shallow ulcers with indurated and often surrounded by an inflammatory zone, while a cancer is irregular in shape and grows less rapidly. The neighboring glands in syphilis enlarge almost as soon as the primary sore appears, while those of cancer are barely perceptible after many months. Finally, the chancre occurs more often in youth, while the cancer is a disease of more mature years. The most difficult cases to decide are those chaps of the lip which are slow in healing and persistent and which sometimes mark the beginning of malignant disease. When they refuse to heal they should be excised and subjected to microscopical examination.

The cancers of the tongue may be confounded with gummas and tertiary ulcers. These lesions of mouth and tongue syphilis are, however, usually multiple from the beginning, while cancer becomes multiple as a rule only after infection of the neighborhood has taken place. The cancer occurs most frequently on the side opposite the molar teeth, whereas syphilis is distributed over the whole organ. When cancer supervenes on a syphilitic ulcer the best surgeon may fail to recognize it in the early stage.

A disease which in the long run will often develop into cancer in Leucoplakia. It occurs in the mouth as a white spot on the mucous membrane, looking in the early stage like the film left by skim-milk, but later having the denser white of white paint. Leucoplakia is apt to spread over the whole cavity of the mouth, and unfortunately is rarely recognized until the mucous membranes become irritated and painful. The disease ought to be stamped out at its first appearance. I use for that purpose the actual cautery . I have seen the same trouble on the mouth of the womb. Cancer often arises on the side of the tongue in the form of a small ulcer, which the patient may attribute to injuries received from the sharp edges of the teeth. Now when we consider the extremely rapid development of cancer of the tongue, it becomes evident that the surgeon who would save his patient must operate at the very earliest moment. Cancer of the tongue may kill in six months or a year, while cancer of the lip

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if unmolested will give an average length of life of five years, and epithelioma of the integument of ten years or more. I do not think that any experienced physician could mistake the small painful aphthous ulcers of the mouth for cancer. but when an ulcer of irregular shape becomes persistent on the edge of the tongue, and resists treatment for more than three weeks, it should be cut out. The operation is trivial, the danger of delay very great. It must be remembered that the lymphatic glands which are first affected in these cases are the deep glands of the neck and should be sought for along the large blood vessels.

The cancers which occur on the back part of the tongue and one the tonsils and pharynx are usually classed with the ordinary cartarrhal throats until they become painful and incurable. They might be mistaken for tubercular or syphilitic nodes or ulcers and, until diagnosis has been made out beyond peradventure, the surgeon should be guarded in his progress. A woman entered St. Mary's Hospital with an ulcer which extended across the pharynx and on to both tonsils. The lymphatic glands on both sides of the neck were swollen, swallowing was very painful and difficult, and the breath was faded. There were no evidences of syphilis or tuberculous. I dnagnosed an epithelial cancer of the pharynx and regarded it as inoperable. She recovered completely under the use of the X-Ray by Dr. Cooke, and I am still uncertain as to the nature of the trouble. Patients presenting such, however, are usually the subjects of cancer, and persistent ulcers on the pharynx or tonsils should arouse the suspicion of the physician.

There is no class of cancers in which mistakes occur so constantly as in tumefactions of the breast. Twenty-five years ago the habit of the general practitioner was to disregard the cancers in their early stages and to let the golden opportunity for operation pass by. This occurs occasionally even now, but in general the error today is made in the other direction. The profession has became so imbued with horror of malignant disease that the practitioner sees a cancer in every swelling of the mammary gland. I hardly venture to report the number of cases which have come under my observation in which neurotic, inflammatory and cystic disorders have been mistaken for malignent diseases There is a class of nervous women who become exceedingly alarmed over a tenderness of the breast associated with congestion. Both breasts are apt to be involved, but in one the trouble is usually more marked than in the other, so that the symmetrical organ may even differ in size. This difference in size, however, is normal in some women but may not be remarked until the attention becomes fixed upon it by soreness or pain. Some of the lobules may be more swollen than the others and cause the inexperienced surgeon to think that he feels a tumor. There is a method of examination which I learned yars ago from an English surgeon, which has been very useful. If you grasp such a gland with its swollen lobules, the thickened structure will feel like a tumor, but if you press the gland against the ribs with your flat hand, you will find that while the breast may be unusually firm, it contains no well defined lumps.

These congestions are sometimes associated with uterine troubles, and may be in some cases due to reflex action and be sympathetic in character. This is, however, by no means always the case. Women, especially with pendulous breasts, are liable to suffer little injuries which produce chronic inflammations, but cases occur in which the cause of trouble is exceedingly difficult to discover. The local treatment of this kind of disorder is support and gentle compression, at first by adhesive plaster, and afterwards, when the acute symptoms have subsided by proper bandages and supports by applications of belladonna and by gentle massage. All uterine and ovarian irritations should be relieved and the general health closely looked after. Another form of inflammation is that in which the whole organ

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becomes slowly caked and hard. This trouble is slow in developing. The extreme hardness of the gland and its contraction reminds one of scirrhus. It differs from all forms of cancer, however, in these respects, the hardness affects the whole breast but causes no retraction of the nipple, there is no involvement of the skin, and the axillary glands in many cases are not affected.

It is characteristic of these cases that microscopical examination does not decide the diagnosis. Virchow speaks of these cases as diffused fibromas and notes that they simulate scirrhus under the microscope by showing what seems to be aloeolar spaces filled with epithelial cells due to the formation of fibrous tissue around ducts and acini. In some cases this interstitial mastitis involves only certain lobules and not the whole breast. In such, an exploratory operation should be made and the lobules affected removed and carefully examined. The gross appearance of fresh sections of the trouble if inflammatory will be like that of fibrous tissue.

In some women the nipples are undeveloped and apparently retracted from early childhood. This must be borne in mind when making a diagnosis. The mammary gland is subject, also, to irritations, of the mucus membranes lining the ducts of acini, which give rise to collections of fluid. In the vast majority of cases these are inocuous gatherings and may be cured by repeated punctures with an exploring needle. When situated deep in a large, flat breast, they are frequently mistaken for cancers. The exploratory puncture will decide the matter. Some surgeons are afraid to make such punctures lest they thereby make a channel through which cancer cells may escape and infect surrounding structures. This in my opinion is an error. If scirrhus exists with a perceptible growth, the breast is already infected. In any event, its detection should be followed by immediate operation. Only in cases where there is a suspicion of an encapsulated sarcoma would there come any immediate danger from this cause. When the puncture of a cyst is followed by an entire disappearance and collapse of the tumor, the surgeon may reassure the patient, without, however, losing sight of her.

If, however, there is any lump or induration left after the evacuation of the fluid, an operation should be done at once. An incision into the tumor will usually decide its character, and the operation can be completed according to the indications thereby revealed. It is very important that correct diagnoses are made before advising operations. The cancer quacks get the popular reputations which they employ, largely from the mistakes of regular physicians. When reputable men urge patients to have breasts, which are the seat of benign swellings, treated as cancerous, they establish the diagnosis on which the quack who applies his caustic may safely act. The caustic destroys the swollen organs, the patients recover, there is no further evidence of disease, and the faith of the community in the plaster "which draws the cancer out by the roots" becomes fixed and firm forever. This consideration alone should be sufficient to put the physician on his guard against a too pesimistic progress. Every swelling in the mammary gland requires immediate attention, careful study and appropriate treatment, but it does not warrant that radical procedure which has been lately urged for all cases of doubt, of amputation without diagnosis. The honest physician should learn to diagnosticate these various conditions and to apply his treatment to the necessities of the case. The cancer quack applies his horrible plasters to all swellings, and calls them all cancer.

Cancers of the stomach and intestines yield no symptoms which enable us to make an infallible diagnosis before operating. When having their seat at the pylorus, they cause gastric obstruction, followed often by gastric dilatation and ptosis. The results of these conditions are frequent vomiting, often many hours after taking food, and gradual

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starvation and emaciation. The pylorus, however, and the duodenum beyond it, are subject to many other diseases which cause obstruction and which make themselves manifest by the same phenomena. Benign tumors, ulcers and scars, flexions and displacements of the bowels, inflammations caused by gall-stones, and even atony of the stomach walls may produce the same symptoms. The absence of hydrochloric acid in the test meal is no criterion by which we may be guided. I have seen undoubted cancers from free secretion of muriatic acid, and many cases of benign obstruction in which it was absent. Even after opening the abdomen the surgeon may be left in doubt as tumefactions of innocent character may occur which simulate the cancerous growths and which are accompanied by glandular swellings.

It is, however, not necessary that the operator should diagnosticate the exact character of an obstruction before proceeding to relieve it, for in all such cases death is caused not from the direct effects of the disorder but from the obstruction which it produces. While the character of an obstruction is generally doubtful, there are, nevertheless, in many cases groups of symptoms which enable the surgeon to form a probable diagnosis. A painless obstruction in persons over forty years of age, with dilation of the stomach and a perceptible tumor and accompanied by a rapid loss of weight, points to cancer. The occurrence of blood in the vomit has no diagnostic significance, for the reason that it is found also in cases of ulceration. A previous history of severe pain after eating and the presence of tenderness in the epigastric region make probable the existence of an ulcer. It must not be forgotten, however, that cancers often follow upon an ulceration.

It is more important to diagnosticate the location of an obstruction than its cause. In pyloric obstruction there is an absence of bile in the vomit, so also in a stenosis of the duodenum proximal to the orifice of the bile-ducts. Below that point a duodenal obstruction is marked by the presence of bile in the contents of the stomach and also by a distension in the epigastric region which extends far to the right of the median line.

Malignant disease is comparatively rare in the jejunum or ileum, but occurs often in the large intestine. Here it causes first a growing constipation with a dull uneasiness in the bowels—afterwards an obstruction which may either increase slowly until it becomes complete or which may suddenly end with a total closure. I have seen cancers of the colon, which had not even been suspected, cause an obstruction all at once, which necessitated immediate operations. In many cases, however, the final catastrophe is ushered in by weeks of intermittent colicky pain. Where a tumor can be felt, the diagnosis is not difficult. An examination of the upper rectum should never, in these cases, be omitted.

Tumors may occur in the walls of the viscere which do not obstruct. In these cases, when there is no perceptible lump, it may be impossible to explain the disturbance in digestion until the cause is rendered evident by an exploratory operation.

All cancers of the large intestines may cause hemorrhages which may be noted in the stools. Discharges of mucous and pus and shreds of tissue are also common but are often ascribed to piles.

Evacuations of this sort always demand a thorough examination of the lower bowel, if necessary under an anaesthetic. With two fingers in the rectum, the hard tumor of a high rectal cancer may be felt, and with a long speculum even the lower end of the sigmoid may be rendered accessible. Rectal cancers may be confounded with the adenomata which are not uncommon in this region, but as both require the same treatment, the mistake is not serious. It is much more important that we should learn to distinguish them from the ulcerations of syphilis.

They differ from them in their more rapid course and in their speedy involvement of the perirectal tissues.

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Syphilitic ulcerations extend as multiple sores in the rectum, which gradually coalesce, while cancer involves the bowel as a continuous disease. The cancer, too, has more of a tumor. The history of the case will also throw light on the matter.

Cancer and sarcomas of the body of the uterus will often present symptoms simulating sub-involution, and even pregnancy.

The cancer of the uterine body is scirrhus. Usually it shows itself first as an irregular discharge of pus, mucous and blood and a gradual hardening of the organ. When such symtoms make their appearance, the discharges should be carefully examined by a competent microscopist. Pain is not constant, neither are the discharges always profuse. I saw a woman of thirty, once, with Dr. Brady, who was the picture of health and who was unconscious of any serious trouble until it was accidentally discovered that she had uterine cancer.

On examination, I found remaining a mere shell of the womb, the disease having destroyed it and involved all of the surrounding tissues. She had suffered no pain, had little discharge, and attended without discomfort to all her household duties. Morbid vaginal discharges mean invariably something wrong and should never be neglected. If the diagnosis can not be made otherwise, the uterus should be curetted and the resulting debris subjected to a searching examination. Sarcomas of the uterine body may be mistaken for pregnancy and vice versa. They grow often about as fast as the pregnant uterus, they cause hemorrhages only when they protrude into the uterine cavity, and the pressure they exert on the blood vessels will sometimes cause a dark hue of the vagina. They frequently supervene on fibrous tumors. On the other hand, pregnancies accompanied by irregular bloody discharges in women at the climacteric may present the symptoms of sarcoma. These cases are exceedingly difficult to treat for the reason that the surgeon fears on the one hand lest he should produce a miscarriage, and on the other lest he should fail to remove a malignant tumor in its early and curable stage. It would be less difficult to diagnosticate these conditions if accurate histories of these disorders could be obtained.

This is usually impossible. A woman comes to the surgeon with an enlarged uterus. He finds it impossible to learn the duration and rate of growth. The organ may be adherent to all of the surrounding structures. He has to determine whether this indurated mass is the result of inflammation or of malignant disease, without any positive knowledge of what has gone before. When the cervix is the seat of disease the case is different. We have, then, tissues which are accessible to the eye and the finger.

The usual cancer at this point is the epithelial, and it manifests itself, as in other mucous membranes, by an ulcer or a warty growth. I have seen the enlarged follicles which often are seen at the neck of the womb, as the result of slight irritations mistaken for cancer, and have known of hysterectomies which have been done for this condition under that misapprehension. Even microscopical examination may lead astray in these cases for the reason that sections through tissues so rich in glands, which have undergone inflammations of a catarrhal form, may show aloeolar spaces crowded with epithelial cells and looking like cancerous nests. The gross appearance of the tissue is not, however, the same as that of cancer. While the follicles are enlarged, they are not like warty growths neither are they inclined to disintegration with the formation of deep ulcers. Epithliomas of the cervical neck frequently present themselves under the guise of great masses of granulations; when these are scraped away the tissues are found to be deeply eroded and destroyed; there can be no question of diagnosis when the surgeon finds this condition.

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THE CHEMICAL STATUS OF THE BLOOD

By JAMES BURKE, M D., Manitowoc, Wis.

The chemical status of the blood fluids and tissues of the body in health and disease is beginning to be more thoroughly considered than ever before. The crippled chemical and physical status of the cell in any region of the body, producing physical disturbances of cell function, which through the depraved metabolism and corresponding catabolism of some regional tissues, spread by contact or distribution by means of the blood and fluids to more remote parts to exercise a like crippling of function of the cells of other regions of the body, is now recognized as a prime source of the toxins observed in many if not all acute infections and more particularly of attacks of acute diseases.

It is patent to all that all healthy people constantly ward off the bacterial sources of disease with which they are surrounded and that the blood and fluids must be biochemically changed in order to become a good culture media for bacterial growth. Generally it is the lack of cell nourishment, with a retrograde cell function. Retrograde function of the digestive organs, from habitual use of alcoholic beverages, use of tobacco, or other drug, sedentary living, and dissipations, cripples the reversion and subsequent synthesis their food intake.

Normal conditions of digestion tear down and by reversion of ferment process build up again the proteid of the ingested food into homologous protein. The reverse order of digestive ferment conditions reverts the food proteid into a variety of amino acids, incapable of being synthetized into proper human protein. The greater portion is the hybrid and heterologous protein, while a minor part is homologous protein. All three are mostly absorbed into the general circulation, where the blood and other tissues vicariously act on the hybrid and heterologous protein, in the effort to make of it the homologous variety, but failing for the greater part in this vicarious function, the surplus of foreign protein is stored away in the tissues, till some chemical, physical or other agency resolves it out of the tissues back into the blood and fluids where if it meets and combines with a satisfying chemical affinity, a normal excretory product is the result. But if it meets and temporarily combines with a pseudo or other formed, the toxicity of a leucomain is formed, the toxicity of which depends on its chemical construction and environmental conditions.

The cellular enzymes and the digestive enzymes or ferments and the vegetable alkaloids are allied and structurally related, the primary component units of which are chemically interchangeable, in forming new biochemical substances and in rounding out poisonous cognate entities into harmless products for excreation.

All leucomains and other proteid toxins are capable, through chemical action in the living body, of being neutralized. In ridding a sick human being of his toxins, it is economical to begin by clearing out the lumen of the bowels, of its fermenting contents, and subsequently by the use of the sulphocarbolates or other good antiseptic, prevent further fermentation of the bowel contents with its consequent gaseous distension, and allow the bowels to assume the normal caliber and the resultant better exchange of the blood and fluids to the walls and secreting intestinal glands.

Next, the stored up leucomains and toxins of the intestinal interstices should be neutralized by the indicated use of emetine, podophyllin, juglandin, chionanthin, sanguinarine, coloaynthin or dioscorein. With this task done the systemic toxins can be successfully neutralized, as by the use of helenin to neutralize peculiar lung toxins. colchicine to neutralize the rheumatic leucomain, strychnine for the asthmatic leucomain, veratrine to neutralize the eclamptic leucomain.

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PENAL CODE STATE OF NEW YORK.

Section 401 of the Penal Code has been amended so as to read as follows:

Any person, who, in putting up any drug, medicine or food or preparation used in medical practice, or making up any prescription, or filling any order for drugs, medicines, food or preparation puts any untrue label, stamp or other designation of contents upon any box, bottle or other package containing a drug, medicine, food or preparation used in medical practice, or substitutes or dispenses a different article for or in lieu of any article prescribed, ordered or demanded, or puts up a greater or less quantity of any ingredient specified in any such prescription, order or demand than that prescribed, ordered or demanded, or otherwise deviates from the terms of the prescription, order or demand by substituting one drug for another, is guilty of a misdemeanor; provided, however, that, except in the case of physicians' prescriptions, nothing herein contained shall be deemed or construed to prevent or impair or in any manner affect the right of an apothecary, druggist, pharmacist or other person to recommend the purchase of an article other than that ordered, required or demanded, but of a similar nature, or to sell such other article in place or in lieu of an article ordered, required or demanded, with the knowledge and consent of the purchaser. Upon a second conviction for a violation of this section the offender must be sentenced to imprisonment, for a term of not less than ten days nor more than one year, and to the payment of a fine of not less than ten dollars nor more than five hundred dollars. The third conviction of a violation of any of the provisions of this section, in addition to rendering the offender liable to the penalty prescribed by law for a misdemeanor, shall forfeit any right which he may possess under the law of this state at the time of such conviction, to engage as proprietor, agent, employee or otherwise, in the business of an apothecary, pharmacist or druggist, or to compound, prepare or dispense prescriptions or orders for drugs, medicines or foods or preparations used in medical practice; and the offender shall be by reason of such conviction disqualified from engaging in any such business as proprietor, agent, employee or otherwise, or compounding, preparing or dispensing medical prescriptions or orders for drugs, medicines or foods or preparations used in medical practice.

SECTION 402. This act shall not affect or impair any liability, penalty or punishment under the provisions of section four hundred and one as the same existed prior to the time this act takes effect, but the same may be enforced, prosecuted or inflicted as fully and to the same extent as though this act had not been passed; and all actions civil or criminal instituted under or by virtue of said section as the same existed prior to the passage of this act, and pending immediately prior to the taking effect hereof, may be prosecuted and defended to final effect in the same manner as though this act had not been passed.

SECTION 403. This act shall take effect September first, nineteen hundred and seven.

THE IDEAL ELIMINANT.

If the *diplicoccus rheumaticus* is the exciting cause of rheumatism, we know also, since the few only are affected, that the germ alone is not all-sufficient. There must be, as well, a condition of the system favorable to the multiplication of the germ. This means predisposition. Since we can not escape bacterial contact the treatment of rheumatism means what can be done to overcome the predisposing cause. The toxaemia of faulty metabolism is the one great contributory factor. The treatment of toxaemia is by elimination. Alkalithia is the ideal eliminant and will be found the ideal treatment for rheumatism.

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(AND LOS ANGELES MEDICAL JOURNAL.)

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EDITORIAL

OUR SCHOOL CHILDREN

Just now the country is agitated over the improvement and preservation of the health of children in school.

Teachers in medical schools have endeavored to inculcate the importance of this matter for many, many years; but usually their advice has been ignored, and their suggestions referred to as meddlesome interference.

The average American, and especially the uneducated American, is wonderfully jealous of his great constitutionally inherited right to do as he pleases, and frequently this inherited right of self-government is carried to an extreme which becomes a detriment to others.

If vaccination for instance were valuable only to the extent that it protects the individual vaccinated, then the "inherited right" might be insisted on, even to the extent of marking, maiming and even killing every foolish individual opposing it. But the suffering and sickness and death are not confined to the silly opponents of the measure, for by contact those upon whom the virus has failed to act are possibly liable to become infected with small-pox if it be prevalent, while the innocent children of these opponents may become victims at any time. Just where the authority of health officials terminates is not definitely settled, but it does seem that if the health of a community depends upon the enforcement of some certain hygienic or sanitary measure then that measure should be enforced no matter whether the foolish parent objects or not.

School children should be under the untrammeled supervision of the boards of health, and in the matter of examinations particularly as to eyes, skin diseases, etc., any interference should not be tolerated.

Says a morning daily:

"A committee of prominent educators has reported that twelve million children in the United States are behind in their school grades because of preventable defects. Among the most common of these defects are malnutrition (often due to insufficient food), improper breathing, impaired eyesight and enlarged glands. Almost a half million children are thus affected in New York alone. In the country at large it is estimated that approximately one-third of the boys and girls of school age are physically defective.

To alleviate this startling condition the committee suggests the improvement of school and home hygiene and the stricter enforcement of health, tenement house and child labor laws."

In New York the hygienic reform is taking a firm hold, and the slogan of the National Association for the Improvement of the poor is: "more hygiene and less physical culture and gymnastics," with the motto, "A tooth brush and a cake of soap."

In the meantime let our boards of health have full sway; hold them responsible for the maintenance of a good physical standard among our school children; and if the people and the profession will stand by them in their good work we will see a consequent improvement physically, morally, and mentally.

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An All-Sufficient Test of Sobriety.—A licensed victualler, states the *London Globe,* having been accused of intoxication, called upon one Dr. Blacklock to gice evidence in his defense. The doctor said that immediately after the police visited the defendant, the latter called upon him and, as required, walked perfectly along a straight line, stood upon one leg for three-quarters of a minute, repeated the word "hippopotamus" quickly and distinctly, and told the time by a watch to a quarter of a minute. The defendant was exonerated upon this very adequate testimony.

CODELINE SAFETY AGAIN DEMONSTRATED.

Dr. E. L. M'Kee, of Cincinnati, Ohio, speaking of Codeine, in the *Denver Medical Times,* says: "This drug, according to Butler, is one-fourth as toxic and effective as morphine. It is less depressing and more stimulating, does not constipate, cause headache or nausea, and rarely leads to the formation of a habit. Codeine seems to exert a special, selective, sedative power over the pneumogastric nerve, hence its value in irritative laryngeal, pharyngeal and phthisical coughs with scanty secretion. Like morphine, it has proved of value in checking the progress of saccharine diabeties, and it has been used for long periods without the formation of the drug habit, inasmuch as when glycosuria was brougnt to the termination by dietary and other measures, the cessation of the use of codeine was not followed by any spec.. distress. The effects of codeine on the alimentary canal are remarkable, in that it assuages pain as well or better than morphine, and nevertheless does not check the secretions or peristalisis notably, unless the latter is excessive, as in dysentery. The statement that codeine is simply a "little morphine," only differing from the latter in the size of the dose, is an erroneous view, as can be ascertained by any one who closely observes the action of the two drugs."

Codeine in connection with antikamnia has stood the test of exhaustive experimental work, both in the laoratory and in actual practice, and they are now accepted as the safest and surest of this class of remedies. Therefore, "antikamnia and codeine tablets" afford a very desirable mode of administering these two valuable drugs. The proportions, antikamnia 4¾ grs., codeine ¼ gr., are those most frequently indicated in the various neuroses of the larynx, as well as the coughs incident to lung trouble, bronchial affections, grippal conditions and summer colds.

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Researches indicate that the acid of the stomach has little or no effect upon calomel. Nesmer regards pancreatic juice as the most potent factor in effecting solution of the drug. The kidneys, liver and large intestine retain portions of the calomel for a considerable length of time. As to the form of mercuric compound formed from the calomel we are not enlightened. —Medical Fortnightly.

The Paris Medical Faculty, states *Science,* has announced that henceforth the incumbents of the special chairs of anatomy, histology, physics, chemistry and pharmacology, will not be allowed to take posts as physicians or surgeons in the hospitals. Professors of these branches must agree to devote themselves exclusively to their educational work.

When to Drink Tea.—The London *Hospital* concludes that the original popular use of tea as a stimulating beverage with breakfast is justified and harmless; but that its indiscriminate cousumption with meat foods or during proteid digestion is likely to be harmful—China tea, however, less so than the Indian variety, because of its lesser tannic acid content. Ginger beer seems to the *Hospital* to be practically without influence upon digestion.

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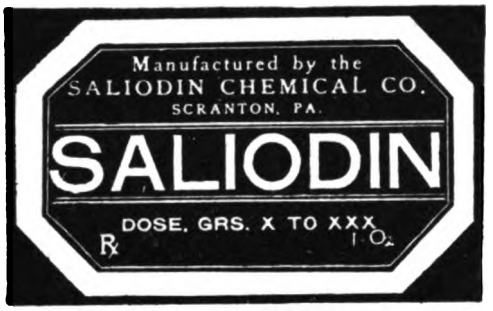

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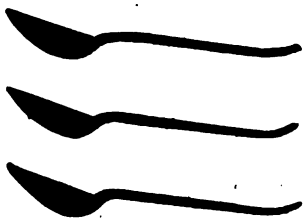

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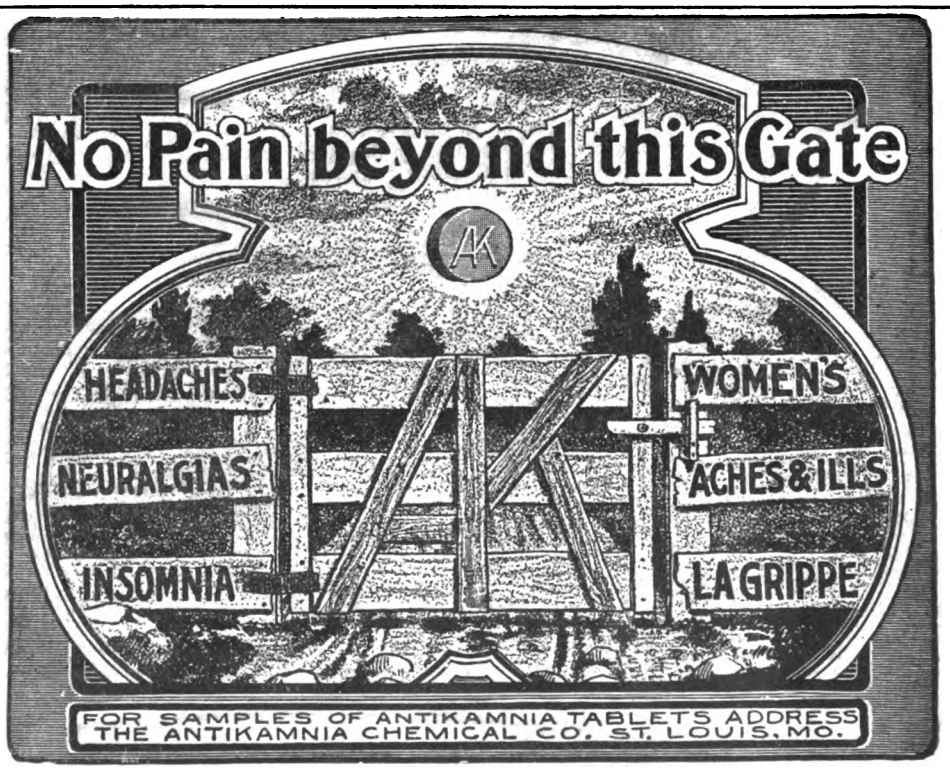

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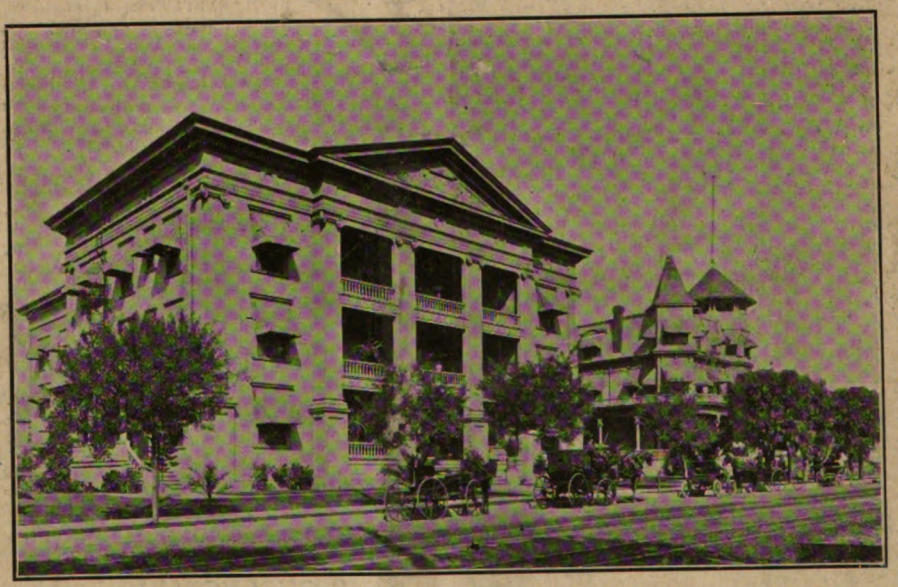

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